


OFFICIAL P. 1

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**MESSAGE:**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Philip John Burke and Richard John Knox

Serial No.: 10/099,830

Art Unit: 4061

Filed: March 13, 2002

Examiner: G. Nickol

For: *THERAPEUTIC SYSTEMS*

| <b>FEE TRANSMITTAL<br/>for FY 2004</b>   |  | <i>Complete if Known</i> |                   |
|--|--|--------------------------|-------------------|
| <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>       |  | Application Number       | 10/099,830        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Filing Date              | March 13, 2002    |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$)  |  | First Named Inventor     | Philip John Burke |
|  |  | Examiner Name            | Gary B. Nickol    |
|  |  | Art Unit                 | 1642              |
|  |  | Attorney Docket No.      | ERD 100 CON       |

| METHOD OF PAYMENT (check all that apply)  | FEE CALCULATION (continued)  |                   |                   |  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|---|--|-------------------|-------------------|--|-----------------|---|----------|-----------------------------------|----------|-----------|----------------|------|-------------|------|--------------------|-------------------------------------|------|------|------|------|-------------------|--|------|------|------|------|------------------|---------------------------|------|------|-------|------|--------------------|---|------|------|------|------|------------------------|--|--|--------------|--------|--------------|--------|---|--|----------|-----|------|----|--|--|------|-----|------|-----|---|---|------|-----|------|-----|--|--|--------------------|-------|-------|-----|---|--|------|-------|--------------|-------|--|--|-----------------|----------|----------|----------|------------------|----------|------|-----|------|-----|--|--|------|-----|------|-----|-----------------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|--|--|------|-------|------|-----|--|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br><div style="border: 1px solid black; padding: 2px; margin: 5px 0;">50-3129</div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Pabst Patent Group LLP</div> <p>The Director is authorized to: (check all that apply)<br/> <input checked="" type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments<br/> <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br/> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>   | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid      <b>SUBTOTAL (3)</b> (\$)</p> | Large Entity      |                   | Small Entity   |                 | Fee Description   | Fee Paid | Fee Code                          | Fee (\$) | Fee Code  | Fee (\$)       | 1051 | 130         | 2051 | 65                 | Surcharge - late filing fee or oath |      | 1052 | 50   | 2052 | 25                | Surcharge - late provisional filing fee or cover sheet |      | 1053 | 130  | 1053 | 130              | Non-English specification |      | 1812 | 2,520 | 1812 | 2,520              | For filing a request for ex parte reexamination |      | 1804 | 920* | 1804 | 920*                   | Requesting publication of SIR prior to Examiner action |  | 1805         | 1,840* | 1805         | 1,840* | Requesting publication of SIR after Examiner action |  | 1251     | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |   | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254               | 1,480 | 2254  | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255         | 1,005 | Extension for reply within fifth month |  | 1401            | 330      | 2401     | 165      | Notice of Appeal |          | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing          |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable                   |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional                         |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity  |  | Small Entity      |                   | Fee Description  | Fee Paid        |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$)   | Fee Code          | Fee (\$)          |  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051  | 130  | 2051              | 65                | Surcharge - late filing fee or oath  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052  | 50   | 2052              | 25                | Surcharge - late provisional filing fee or cover sheet                     |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053  | 130  | 1053              | 130               | Non-English specification  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812  | 2,520  | 1812              | 2,520             | For filing a request for ex parte reexamination                            |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804  | 920*   | 1804              | 920*              | Requesting publication of SIR prior to Examiner action                     |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805  | 1,840*   | 1805              | 1,840*            | Requesting publication of SIR after Examiner action                        |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251  | 110  | 2251              | 55                | Extension for reply within first month                                     |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252  | 420  | 2252              | 210               | Extension for reply within second month                                    |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253  | 950  | 2253              | 475               | Extension for reply within third month                                     |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254  | 1,480  | 2254              | 740               | Extension for reply within fourth month                                    |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255  | 2,010  | 2255              | 1,005             | Extension for reply within fifth month                                     |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401  | 330  | 2401              | 165               | Notice of Appeal   |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402  | 330  | 2402              | 165               | Filing a brief in support of an appeal                                     |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403  | 290  | 2403              | 145               | Request for oral hearing   |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451  | 1,510  | 1451              | 1,510             | Petition to institute a public use proceeding                              |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452  | 110  | 2452              | 55                | Petition to revive - unavoidable   |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453  | 1,330  | 2453              | 665               | Petition to revive - unintentional   |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501  | 1,330  | 2501              | 665               | Utility issue fee (or reissue)   |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502  | 480  | 2502              | 240               | Design issue fee   |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503  | 640  | 2503              | 320               | Plant issue fee  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460  | 130  | 1460              | 130               | Petitions to the Commissioner  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807  | 50   | 1807              | 50                | Processing fee under 37 CFR 1.17(q)  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806  | 180  | 1806              | 180               | Submission of Information Disclosure Stmt                                  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021  | 40   | 8021              | 40                | Recording each patent assignment per property (times number of properties) |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809  | 770  | 2809              | 385               | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810  | 770  | 2810              | 385               | For each additional invention to be examined (37 CFR 1.129(b))             |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801  | 770  | 2801              | 385               | Request for Continued Examination (RCE)                                    |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802  | 900  | 1802              | 900               | Request for expedited examination of a design application                  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1006</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (1)</b> (\$)</p> | Large Entity   |                   | Small Entity      |  | Fee Description | Fee Paid  | Fee Code | Fee (\$)                          | Fee Code | Fee (\$)  | 1001           | 770  | 2001        | 385  | Utility filing fee |                                     | 1002 | 340  | 2002 | 170  | Design filing fee |  | 1003 | 530  | 2003 | 265  | Plant filing fee |                           | 1004 | 770  | 2004  | 385  | Reissue filing fee |   | 1006 | 160  | 2005 | 80   | Provisional filing fee |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>3</td> <td>-40*</td> <td>0</td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td>1</td> <td>-11**</td> <td>0</td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>85</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (2)</b> (\$)</p> <p><small>**or number previously paid, if greater, For Reissues, see above</small></p> | Total Claims |        | Extra Claims |        | Fee from below                                      |  | Fee Paid |     |      |    |  |  |      |     |      |     | Independent Claims                      | 3 | -40* | 0   | X    |     | =                                      |  | Multiple Dependent | 1     | -11** | 0   | X                                       |  | =    |       | Large Entity |       | Small Entity                           |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code         | Fee (\$) | 1202 | 18  | 2202 | 9   | Claims in excess of 20                 |  | 1201 | 85  | 2201 | 43  | Independent claims in excess of 3 |  | 1203 | 290   | 2203 | 145   | Multiple dependent claim, if not paid         |  | 1204 | 86  | 2204 | 43 | ** Reissue independent claims over original patent |  | 1205 | 18    | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |  | Small Entity      |                   | Fee Description  |                 |   | Fee Paid |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$)   | Fee Code          | Fee (\$)          |  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001  | 770  | 2001              | 385               | Utility filing fee   |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002  | 340  | 2002              | 170               | Design filing fee  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003  | 530  | 2003              | 265               | Plant filing fee   |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004  | 770  | 2004              | 385               | Reissue filing fee   |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1006  | 160  | 2005              | 80                | Provisional filing fee   |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims  |  | Extra Claims      |                   | Fee from below   |                 | Fee Paid  |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |  |                   |                   |  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Independent Claims  | 3  | -40*              | 0                 | X  |                 | =   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Multiple Dependent  | 1  | -11**             | 0                 | X  |                 | =   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |  | Small Entity      |                   | Fee Description  | Fee Paid        |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$)   | Fee Code          | Fee (\$)          |  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18   | 2202              | 9                 | Claims in excess of 20   |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 85   | 2201              | 43                | Independent claims in excess of 3  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 290  | 2203              | 145               | Multiple dependent claim, if not paid                                      |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 86   | 2204              | 43                | ** Reissue independent claims over original patent                         |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18   | 2205              | 9                 | ** Reissue claims in excess of 20 and over original patent                 |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBMITTED BY</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name (Print/Type)</td> <td style="width: 50%;">Patricia L. Pabst</td> </tr> <tr> <td>Signature</td> <td></td> </tr> </table>   |  | Name (Print/Type) | Patricia L. Pabst | Signature  |                 | <div style="text-align: right;"><i>(Complete if applicable)</i></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Registration No. (Attorney/Agent)</td> <td style="width: 50%;">31,284</td> </tr> <tr> <td>Telephone</td> <td>(404) 879-2151</td> </tr> <tr> <td>Date</td> <td>May 5, 2004</td> </tr> </table> |          | Registration No. (Attorney/Agent) | 31,284   | Telephone | (404) 879-2151 | Date | May 5, 2004 |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Name (Print/Type)   | Patricia L. Pabst  |                   |                   |  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Signature   |  |                   |                   |  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Registration No. (Attorney/Agent)   | 31,284   |                   |                   |  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Telephone   | (404) 879-2151   |                   |                   |  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Date  | May 5, 2004  |                   |                   |  |                 |   |          |                                   |          |           |                |      |             |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |   |      |      |      |      |                        |  |  |              |        |              |        |   |  |          |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |                    |       |       |     |   |  |      |       |              |       |  |  |                 |          |          |          |                  |          |      |     |      |     |  |  |      |     |      |     |                                   |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |

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PTO/SB/21 (08-03)

Approved for use through 07/31/2006 OMB 0651-0031

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|   |                        |                   |
|---|------------------------|-------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number     | 10/099,830        |
|   | Filing Date            | March 13, 2002    |
|   | First Named Inventor   | Philip John Burke |
|   | Art Unit               | 1642              |
|   | Examiner Name          | Gary B. Nickol    |
| Total Number of Pages in This Submission  | Attorney Docket Number | ERD 100 CON       |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks _____  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |  |  |
| Firm or Individual name  | Patrea L. Pabst, Esq., Reg. No. 31,284 Pabst Patent Group LLP<br>400 Colony Square, Suite 1200, Atlanta, GA 30361  |  |
| Signature  |  |  |
| Date   | May 5, 2004  |  |

| CERTIFICATE OF TRANSMISSION/MAILING   |  |                  |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |  |                  |
| Typed or printed name   | <del>Hershey Miller</del> Patrea Pabst |                  |
| Signature   |  | Date May 5, 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Philip John Burke and Richard John Knox

Serial No.: 10/099,830

Art Unit: 4061

Filed: March 13, 2002

Examiner: G. Nickol

For: *THERAPEUTIC SYSTEMS*

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO RESTRICTION REQUIREMENT**

Sir:

Responsive to the Restriction Requirement mailed on April 5, 2004, please consider the following remarks. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.

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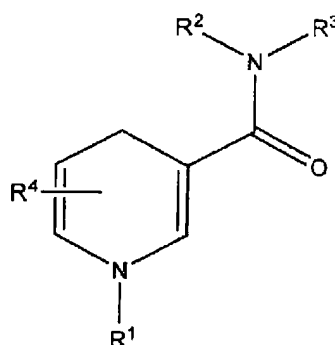
Filed: March 13, 2002

## RESPONSE TO RESTRICTION REQUIREMENT

## In the Claims

Claims 1-33 (Canceled).

34. (Currently amended) A ~~therapeutic~~ system comprising a prodrug which is converted to a substantially cytotoxic drug by the action of NQO2 and ~~nicotinamide-riboside (reduced) (NRH)~~ or an analogue thereof which can pass reducing equivalents to NQO2 a compound of formula I



wherein R¹ is selected from the group consisting of substituted alkyl, including substitution by CONH₂, OH, halogen, CN, and COOH; aryl; substituted aryl; CONRᵃRᵇ, where Rᵃ and Rᵇ are independently H, alkyl, or substituted alkyl, and R² and R³ are independently H, alkyl, or substituted alkyl and R⁴ is any of H, alkyl, substituted alkyl, halogen, CN, COOH, CONH₂, or OH, wherein the compound can pass reducing equivalents to NQO2, in a form for administration to a patient in need thereof.

Claims 35-40 (Canceled)

41. (Currently amended) The ~~method~~ system of claim 29 ~~34~~, wherein the ~~analogue~~ of NRH compound is 1-(carboxamidomethyl)-dihyronicotinamide.

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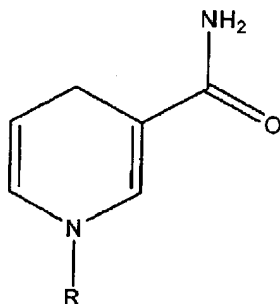
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U.S.S.N. 10/099,830

Filed: March 13, 2002

**RESPONSE TO RESTRICTION REQUIREMENT**

42. (New) The system of claim 34, wherein the compound has formula II



wherein R is a substituted alkyl, comprising one or more groups selected from the group consisting of CNH<sub>2</sub>, OH, halogen, CN, and COOH.

44. (New) The system of claim 34, wherein the alkyl group is a C<sub>1</sub> to C<sub>6</sub> alkyl.
45. (New) The system of claim 34, wherein R is selected from the group consisting of -CH<sub>2</sub>CONH<sub>2</sub>, -CH<sub>2</sub>CH<sub>2</sub>CH<sub>2</sub>SO<sub>3</sub><sup>-</sup>, -CH<sub>2</sub>CH<sub>2</sub>CH<sub>2</sub>OH, and -CH<sub>2</sub>CH<sub>2</sub>COOH.
46. (New) The system of claim 34 wherein the analogue of NRH is 1-(carboxamidomethyl)-dihydronicotinamide.

**Remarks*****Restriction Requirement***

In the Office Action mailed April 5, 2004, the claims were divided into fifteen (15) groups, as follows:

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U.S.S.N. 10/099,830

Filed: March 13, 2002

**RESPONSE TO RESTRICTION REQUIREMENT**

Group 1, claims 1-7 and 24, drawn to compound comprising a target cell-specific portion and human NAD(P)H:quinine reductase 2 (NQO2);

Group 2, claims 1-7, 12, and 24, drawn to a compound comprising a target cell-specific portion and a polynucleotide encoding NQO2, variant, fragment, fusion, or derivative;

Group 3, claims 8-11, drawn to a recombinant polynucleotide comprising a target cell-specific promoter operably linked to a polynucleotide encoding NQO2;

Group 4, claims 13-17, drawn to a therapeutic system comprising a protein compound comprising a target cell-specific portion and human NAD(P)H:quinine reductase 2 and a prodrug;

Group 5, claims 13-17, drawn to a therapeutic system comprising a polynucleotide encoding NQO2, a target cell-specific portion, and a prodrug;

Group 6, claims 18-23, drawn to a method of treating a patient with a target cell to be destroyed comprising administering a protein compound comprising a target cell-specific portion and human NAD(P)H:quinine reductase 2;

Group 7, claims 18-23, drawn to a method of treating a patient with a target cell to be destroyed comprising administering a recombinant polynucleotide, comprising a target cell-specific promoter operably linked to a polynucleotide encoding NQO2;

Group 8, claims 25 and 26, drawn to use of a protein compound comprising a target cell-specific portion and human NAD(P)H:quinone reductase 2;

U.S.S.N. 10/099,830

Filed: March 13, 2002

**RESPONSE TO RESTRICTION REQUIREMENT**

Group 9, claims 25 and 26, drawn to use of a recombinant polynucleotide comprising a target cell-specific promoter operably linked to a polynucleotide encoding NQO2;

Group 10, claims 29, 31-33, 40 and 41, drawn to a method of treating a human patient with a target cell to be destroyed comprising administering CB1954 and NRH or an analogue thereof;

Group 11, claim 34, drawn to a therapeutic system comprising a prodrug and nicotinamide riboside;

Group 12, claim 35, drawn to nicotinamide riboside (NRH) or an analogue thereof;

Group 13, claims 36 and 37 drawn to use of NRH in the manufacture of a medicament for treating a human patient with a target cell to be destroyed;

Group 14, claims 27, 28, and 38, drawn to use of a prodrug; and

Group 15, claim 39, drawn to a kit comprising a means for determining whether a target cell to be treated expresses NQO2 and NRH or an analogue thereof which can pass reducing equivalents to NQO2.

This application is a continuation of U.S.S.N. 09/445,865 filed February 11, 2000, now allowed. The parent application was subject to a restriction requirement on February 13, 2001.

*The same claims are presented in this application yet have been subjected to a different restriction requirement by the same examiner.* On this basis alone, the undersigned must traverse the restriction requirement. For example, claims 13-17 were previously divided into three groups (this restriction was traversed) – now they are divided into two groups; claim 32

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5

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U.S.S.N. 10/099,830  
Filed: March 13, 2002  
**RESPONSE TO RESTRICTION REQUIREMENT**

was previously placed into group 12; now it is placed into group 10 with a different set of claims. This makes it impossible to determine what the examiner believes the different inventions to be.

To the extent one can make an election, applicants elect to prosecute the invention of claim 34, group 11.

Claims 1-33 and 35-40 have been canceled, without prejudice with the understanding that these claims can be prosecuted in later filed applications. Claim 41 has been amended to depend from claim 34, which as been amended to refer to a compound of formula I. New claims 42-46 have been added. Support for the new claims are found in the specification at least at page 49, line 25 to page 50, line 7 and page 51, lines 7-8; page 50, line 12 to page 51, line 1; page 51, line 4; page 51, lines 10-22; and page 46, lines 7-9.

***Election of Species***


Groups 1 and 2 were further classified by species: a) an antibody or fragment or derivative, and b) macromolecule. The election of species is moot since these claims have been canceled.

No change in inventorship is required by virtue of the response to restriction requirement.

U.S.S.N. 10/099,830  
Filed: March 13, 2002  
**RESPONSE TO RESTRICTION REQUIREMENT**

Issuance of an office action on the merits of claims 34 and 41, as amended, and new claims 42-46 is respectfully solicited.

Respectfully submitted,

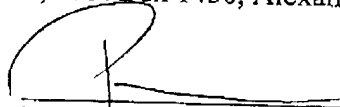
  
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Patrea L. Pabst  
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Date: May 5, 2004

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**Certificate of Facsimile Transmission**

I hereby certify that this Response to Office Action, and any documents referred to as attached therein are being facsimile transmitted on this date, May 5, 2004, to the Commissioner for Patents, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450.

  
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Patrea L. Pabst

Date: May 5, 2004